STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER		2. DATE
The Lennox Independent		9-26-24
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE $
Weekly	52	50

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
116 S Main St., Lennox, Lincoln County, SD 57039

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
116 S Main St., Lennox, SD 57039

6. FULL NAME OF PUBLISHER: Joshua Byers

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
J. Louie Mullen	75 N Main St., Buffalo, WY 82834

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

John Camino

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1277	1277
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	90	85
2. Mail Subscription (Paid and or requested)	750	750
3. Paid Electronic Copies	100	77
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	940	912
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	1	1
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	140	187
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1081	1100
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	196	177
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1277	1277

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

Regional Publisher
(Title)

State of South Dakota)
§
County of Lincoln)

Sworn to before me this 26 day of Sept., 2024

Anne Homan
Notary Public

My commission expires: Oct. 26, 2024

(Seal)

Form: SOS REC 051 9/2016